

# **Whiteriver Service Unit**

## **FY2005 Government Performance Results Act (GPRA) Report**



**Annual Cumulative report as of August 16, 2005 FINAL**  
(July 1, 2004-June 30, 2005)

Prepared 8/16/2005  
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Quality Assessment Officer

## Whiteriver Service Unit

### Data obtained using GPRA+/CRS Software in RPMS 8/16/2005

#### Cumulative national report 8/16/2005

Baseline period	7-1-1999 to 6-30-2000	
2004 Report period	7-1-2003 to 6-30-2004	Previous year
2005 Report period	7-1-2004 to 6-30-2005	

The following communities are included in this report:

- Canyon Day
- Carrizo
- Cedar Creek
- Cibecue
- Concho
- Diamond Creek
- Eager
- East Fork
- Forestdale
- Fort Apache
- Hawley Lake
- Heber
- Hon-Dah/Indian Pine
- Lakeside
- McNary
- North Fork
- Nutrioso
- Overgaard
- Pinetop
- Rainbow City
- Seven Mile
- Show Low
- Snowflake
- Springerville
- St. John's
- Sunrise
- Taylor
- Turkey Creek
- Whiteriver (all listed)

**Whiteriver Service Unit**  
**SUMMARY 4th quarter FY2005 REPORT PERIOD 7-1-2004 TO 6-30-2005**  
**NATIONAL GPRA REPORT FOR 7-1-2004 TO 12-31-2004 Annual FINAL!**

**GPRA PERFORMANCE REPORT**

Green numbers indicate improvement, green shading indicates met GPRA goal							
Indicator	2002	2003	2004	2005 Yr	2005 cum	IHS Target	I.H.S. 2004
Diabetes: acceptable glycemic control <7 HgbA1C		27	28	38	31	40	27
Diabetes: documented HbA1C			85	85	85	50	77
Diabetes: acceptable blood pressure <130/80	27	31	37	37	38	50	35
Diabetes: BP assessed		92	93	93	93		-
Diabetes: lipid assessment	47	59	72	79	79	70	53
Diabetes: Nephropathy assessment	66	53	67	68	68	70	42
Diabetes: Retinopathy	39	40	46	48	49	?	47
Diabetes: Access to Dental Services	37	35	42	47	47	75	37
Diabetes: mental health depression assessed		2	12	18	18		-
Diabetes: Influenzae		70	77	76	75		
Diabetes: Pneumovax		88	88	90	90		
Diabetes: with all screens			26	34			-
Oral Health: Access to Dental Services	25	25	26	25	27	90	24
Oral Health: Dental Sealants-in whole numbers	948	1176	1720	1486	1452		
Oral Health: Dental Topical Fluoride			635	556	544		
Adult Immunizations: Influenza	60	74	82	80	85	90	54
Adult Immunizations: Pneumovax	77	88	95.5	97	97.2	90	69
Childhood immunizations				82	86	80	72
Women's Health: Pap Smear Rates	47	57	59	60	60	90	58
Women's Health: Mammogram Rates	27	19	26.5	28	29	70	40
Colorectal cancer screening			2.3	4	5.3		
Alcohol Screening: FAS Prevention*		25	38	30	31	?	7
Domestic Violence Screen*		6	6	6	9	15	4
Depression/Anxiety Screen			7	10	18		
Prenatal HIV Screening		84	91*	95	96		
Obesity Assessment: BMI calculated*		63	65	67	68	50	
Tobacco Use: Screening		4	10	9	9	?	
CVD-cholesterol screening			43	44	45		
CVD-Blood pressure control BPs documented			80	84	84		
PHN visits			12343	9600	12572		

- New, establishing baselines
- \*\* Mammography pilot project for data quality
- 3/05 GPRA codes added to Patient Family Education Documentation Sheet

For full Indian Health Service GPRA report:  
<http://www.IHS.gov/PublicInfo/PublicAffairs/PressRelease/>

**Whiteriver Service Unit**  
**FY2004 Government Performance Results Act (GPRA) Report**  
**Annual National GPRA Cumulative (7-1-2004 through 6-30-2005)**  
**Local GPRA past year (7-1-04 through 6-30-2005) (Yr)**

**Diabetes Group**

**Responsible: Clinical Director, Nurse Executive, Diabetes Management**

**Diabetes Prevalence**

*Identify age specific diabetes prevalence rates and incidence rates for American Indian/Alaska Native population.*

Prevalence:

FY2000	FY2001	FY2002	FY2003	FY2004	FY2005 (Cum)	FY2005 (Yr)
9.6%	9.6%	9.6%	10.1%	10.3%	10.7%	10.5%

**Diabetes: Glycemic Control**

*Increase the proportion of patients with diagnosed diabetes that have improved their glycemic control over 2004 level. I.H.S. performance for FY2004 glycemic control at 27%, Hgb A1C within past year at 77%*

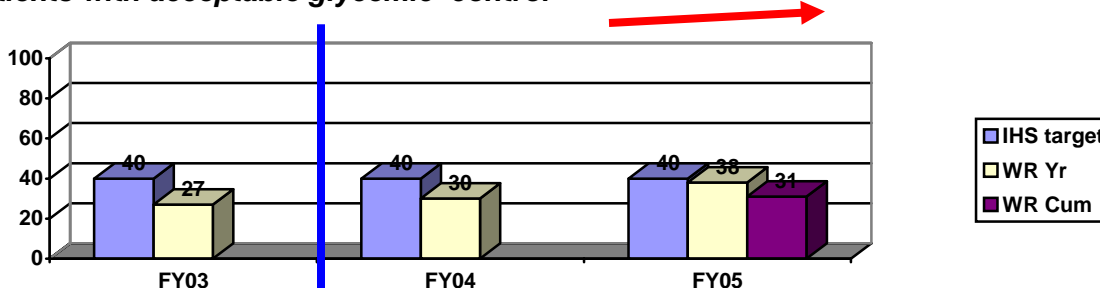
**Denominator:** Active Diabetic Patients defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in past year, and 2 DM related visits ever.

**Numerator:** Hemoglobin A1C documented in year prior to report period.

Glycemic control	FY2001	FY2002	FY2003	FY2004	FY2005 (cum)	FY2005 (Yr)	
# active users	15246			15573	15745	17012	
# w/diabetes diagnosis, active	1458			1102	1258	1276	
# w/HgbA1C within past year	94	92	86	82%	85%	85%	77%
<b>HPDP Goal</b>							50%
# w/acceptable control Hgb A1C ≤7			27%	30%	31%	38%	
<b>HPDP Goal</b>							40%
# w/high Hgb A1C >9.5			31%	18%	23%	23%	
# w Hgb A1C not determined past yr	6%	8%	14%	21%	15%	15%	

*\*\*Hand chart audit indicates 95-98% of diabetic patients had HgbA1C within past year.*

**% of Patients with acceptable glycemic control**



**Note: Parameters for acceptable control were lowered from <8.5% to <7.0% in FY02**

**Diabetes: Blood Pressure Control**

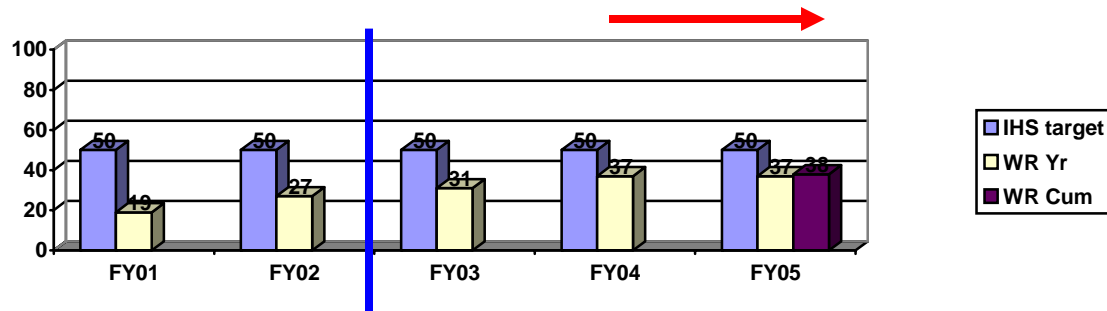
*Maintain the proportion of patients with diagnosed diabetes and hypertension that have achieved blood pressure control at the 2004 level. I.H.S. I.H.S. 2004 performance 35%.*

**Denominator:** Active Diabetic Patients defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in past year, and 2 DM related visits ever.

**Numerator:** Controlled BP, <130/80. Uses mean of either last 3 or last 2 (if there are not 3) BPS documented on non-ER visits in past year. IF the systolic and diastolic values do not BOTH meet the criteria for controlled, the value is not considered controlled.

Blood pressure control	FY2001	FY2002	FY2003	FY2004	FY2005(CUM)	FY2005 (yr)
# w/diabetes diagnosis denominator	1458		1109	1216	1258	1276
# w/BPs documented	92%		92%	93%	93%	93%
# w/ideal control	19%	27%	31%	37%	38%	37%
<b>IHS Goal</b>						<b>50%</b>

#### % of Patients controlled BP <130/80



**Note:** Parameters for acceptable control were changed to be less than 130/80 in FY02.

#### Diabetes: Lipids Assessment

Maintain the proportion of I/T/U clients with diagnosed diabetes who have been assessed for dyslipidemia at the 2004 level. I.H.S. performance 2004 at 53%.

**Denominator:** Active Diabetic Patients defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in past year, and 2 DM related visits ever.

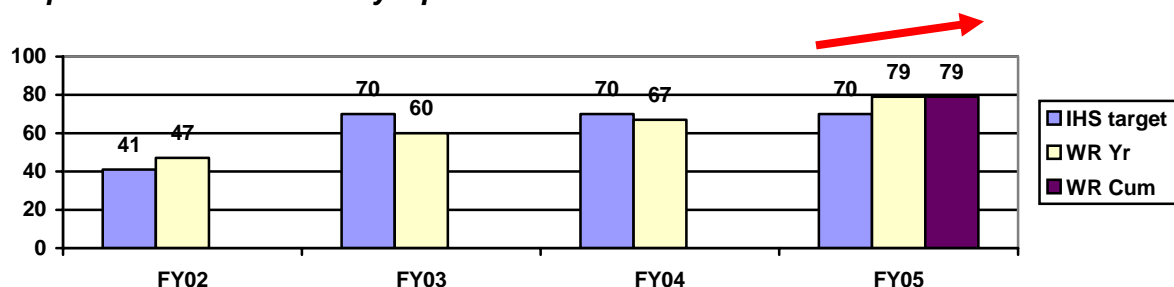
**Numerator:** 1) patients w/evidence of having a lipid profile or and LDL, HDL, & TG (all three); 2) patients with an LDL completed, regardless of result; 3) patients with LDL < 100. 4) patients with LDL 101-129.

Lipid assessment	FY2001	FY2002	FY2003	FY2004	FY2005 CUM	FY2005 YR
# w/diabetes diagnosis, active	1458	1459	1102	1216	1258	1276
# w/assessed for dyslipidemia in past year	43%	47%	60%	67%	79%	79%

**HPDP 2010 Goal** 70%

# patients w/LDL <100 37% 32% 41% 39%

#### % of patients assessed for dyslipidemia



#### Diabetes: Nephropathy Assessment

Maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the 2004 level. I.H.S. 2004 performance 42%

**Denominator:** Active Diabetic Patients defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in past year, and 2 DM related visits ever.

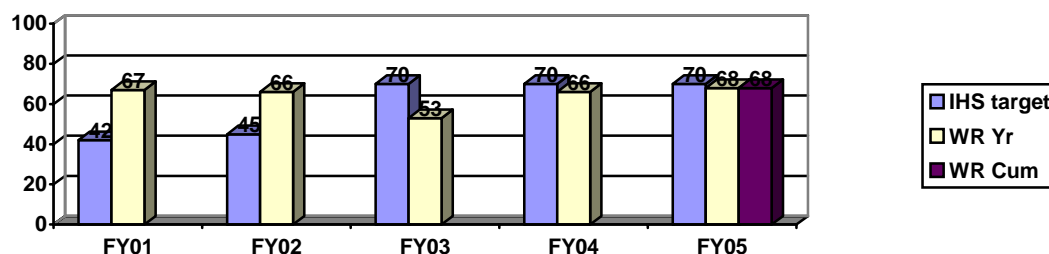
**Numerator:** Total patients with nephropathy assessment. last microalbuminuria test done in year prior to the end of the report period, regardless of result. If none found, searches for last urine protein test with positive value in past year.

Nephropathy assessment	FY2001	FY2002	FY2003	FY2004	FY2005 cum	FY2005 Yr
# w/diabetes diagnosis, active	1458	1459	1102	1216	1258	1276
# w/any microalbuminuria or + urine protein	62%	66%	53%	66%	68%	68%

HPDP 2010

70%

### % of patients assessed for nephropathy



### Diabetes: Retinopathy

Maintain the proportion of AI/AN diabetics receiving retinal screening at the FY2004 level. I.H.S. 2004 performance 47%.

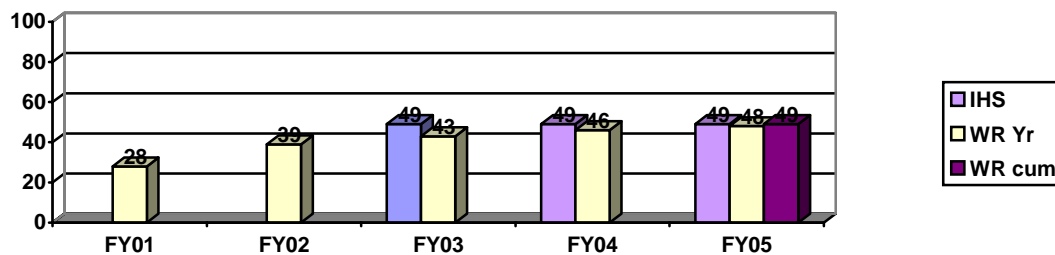
**Denominator:** Active Diabetic Patients defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in past year, and 2 DM related visits ever.

**Numerator:** Patients receiving retinal screening in the year prior to the end of the report period defined as diabetic eye exam (03) documented; CPT codes 92250, 92012, 92014, 92015, 92004 or 92002 documented; or a non-DNKA visit to an ophthalmologist or optometrist (24, 79, 08); or a non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics (codes 17, 18, 64, A2); or a refusal of a diabetic eye exam documented..

Retinal screening	FY2001	FY2002	FY2003	FY2004	FY2005 cum	FY2005 Yr
# w/diabetic diagnosis, active	1394	1459	1102	1216	1258	1276
% w/retinal screening	28%	39%	43%	46%	49%	48%
% w/retinal exam or refusal	5%			15%		28%

Goal not defined yet.

### % Diabetic Patients with retinal screening



### Diabetes: Access to Dental Services

Maintain the proportion of the AI/AN population diagnosed with diabetes that obtain access to dental services at the 2004 level. New in 2002. I.H.S. 2004 performance 37%.

**Denominator:** Active Diabetic patients, defined as all active clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in the past year and 2 DM related visits ever.

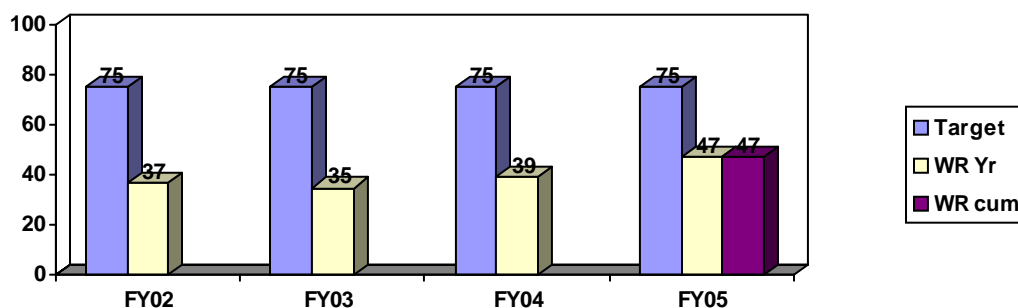
**Numerator:** Any patient with a dental ADA code 0000 or 0190 documented in the year prior to the end of the report period.

Dental visits for diabetics	FY2002	FY2003	FY2004	FY2005 cum	FY 2005 Yr
# diabetics, active	1006	1102	1216	1258	1257
# w/ADA codes 0000 or 0190 in past year	37%	35%	39%	47%	47%

HPDP 2010 Goal

75%

### % of diabetics with dental visits



### Diabetes: Mental Health

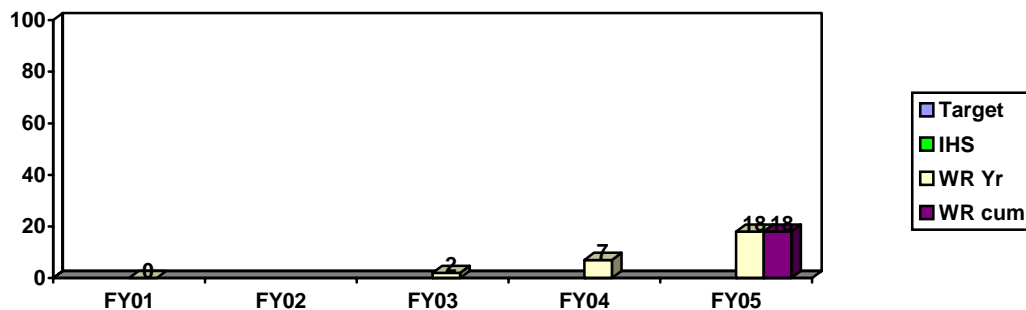
*Diabetic patients screened for or counseled about depression.*

**Denominator:** Active Diabetic patients, defined as all active clinical patients diagnosed with diabetes at least one year prior to the report period AND at least 2 visits in the past year and 2 DM related visits ever.

**Numerator:** 1) Patients screened for or counseled about depression (V79.0 or any national patient education codes containing "DEP—" 2) Patients with a diagnosis of depressive/anxiety disorders (at least 2 visits with POV 296\*, 300.\*, 301.13, 308.3, 309\*, 311\*, or BHS codes 14, 15, 18, 24) in past year.

Mental Health visits for diabetics	FY2000	FY2003	FY2004	FY2005	cum	FY2005 Yr
% screened/counseled about depression	0	2	7	18%		18
% w/depression diagnosis	6.5	7.4	8.9			8

### % of diabetics with mental health screens/counseling



*No stated target; no IHS data yet*

### Diabetes Comprehensive Care

	FY2004 Yr	FY2005 Yr
Active Diabetic Patients	1168	1276
HbA1C done	84%	85%
BPs documented	93%	93%
LDL done	63%	79%
Pos urine protein/any microalbuminuria	61%	68%
Retinal screening	44%	48%
With all screens	26%	34%

See also comprehensive CVD related assessments.

## Oral Health Group

**Responsible:** Clinical Director, Dental

### Access to Dental Services

Maintain the proportion of AI/AN population that obtain access to dental services at the 2004 level. I.H.S. 2004 performance at 24%

**Denominator:** All GPRA user population patients.

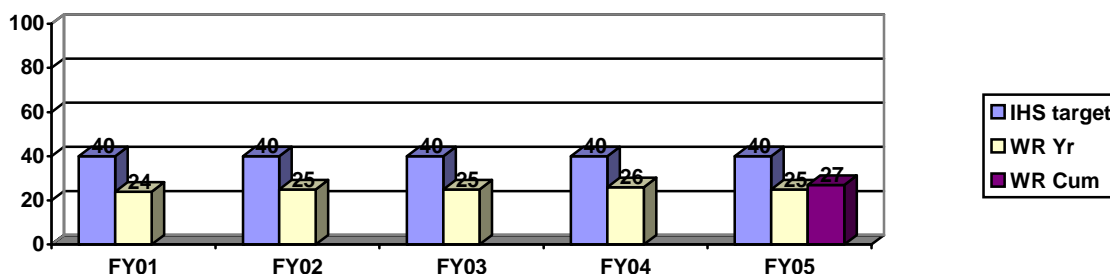
**Numerator:** Any patient with a dental ADA code 0000 or 0190 documented in the year prior to the end of the report period. V exam 30 or refusal Exam 30.

Dental access	FY2001	FY2002	FY2003	FY2004	FY2005 cum	FY2005 Yr
# w/ADA codes 0000 or 0190 in past year	3592	3833	3773	4205	4201	4326
	24%	25%	25%	26%	27%	25%

**HPDP 2010 Goal**

**% of patients with dental visit in past year**

40%



### Dental Sealants

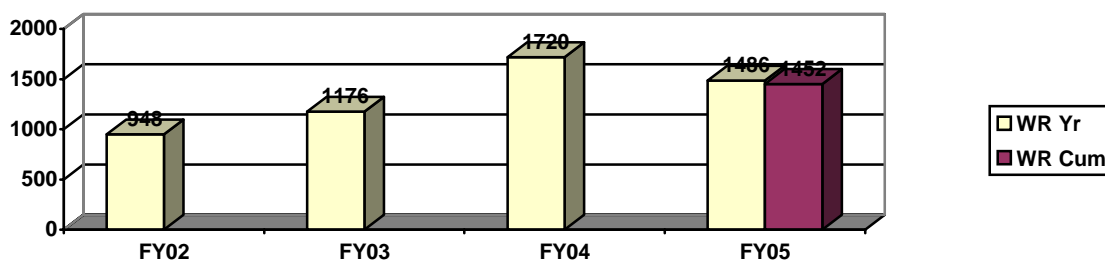
Maintain the number of sealants placed per year in AI/AN patients at the 2004 level.

The number (count) of dental sealants (code 1351) during the year prior to the end of the report period.

No denominator. This indicator is a total count only, not a percentage.

Dental sealants	FY2002	FY2003	FY2004	FY2005 (cum)	FY2005 Yr
Total # sealants	948	1176	1720	1452	1486

**# of dental sealants**



### Dental Topical Fluoride

In 2005, establish the baseline number of topical fluoride applications provided to AI/AN patients with a maximum of four applications per patient per year and 2) the baseline number of AI/AN patients receiving at least one topical fluoride application.

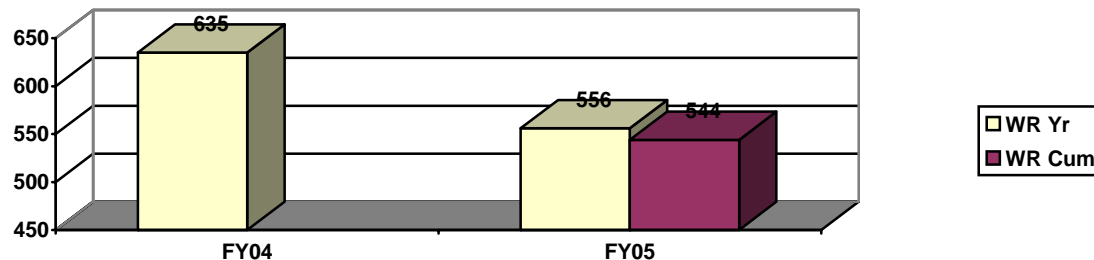
**Denominator:** This indicator is a total count only, not a percentage.

**Numerator:** The number (count) of appropriate topical fluoride applications based on a maximum of four per patient per year. The total number of patients with at least one topical fluoride application (Dental ADA codes 1201, 1203, 1204, 1205 or VPOV V07.31)

Dental topical fluoride	FY2004	FY2005 (cum)	FY2005 Yr
Total # topical fluoride applications	635	544	556
Total # patients with at least 1 application	483	420	430



### # of topical fluoride applications



### Adult Immunization: Influenza

**Responsible:** Clinical Director, Nurse Executive, Community Health Director, Chief Executive Officer, Medical Staff, Nursing, Public Health Nursing, Quality Management (data quality)

Maintain FY2004 influenza vaccination rates among non-institutionalized adults aged 65 years and older. I.H.S. 2004 performance 54%.

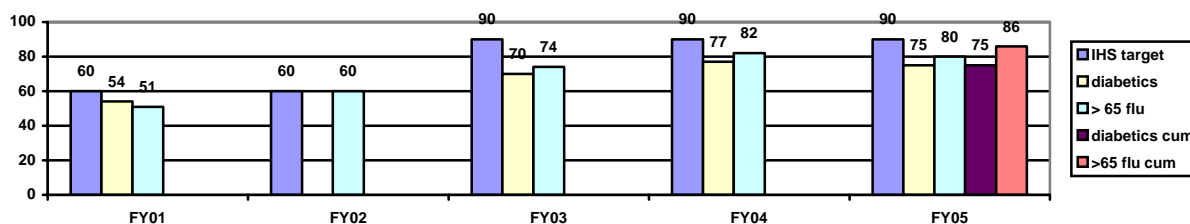
**Denominator** All Active Clinical patients age 65 and older at the beginning of the report period.

**Numerator** Counts number of patients with influenza vaccine documented any time in the year prior to the end of the report period (immunization code 88 or NOS; 15 inf virus vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; or POV V04.8 or V06.6, or CPT 90657-90660, 90655 or 90724, or ICD 99.52) or refusal immunization 88, 111, 15, 16)

Influenza Immunizations up to date	FY01	FY02	FY03	FY04	FY05 cum	FY05 Yr
% >50 years old immunized	45%		61%	72%		66%
% 50-64 years old immunized	40%		56%	67%		59%
% >65 years old immunized	51%	60%	74%	82%	86%	80%
% diabetics immunized	54%		70%	77%	75%	75%

**HPDP 2010 Goal 90%**

### Influenza Immunizations



### Adult Immunization: Pneumovax

**Responsible:** Clinical Director, Nurse Executive, Community Health Director, Chief Executive Officer, Medical Staff, Nursing, Public Health Nursing, Quality Management (data quality)

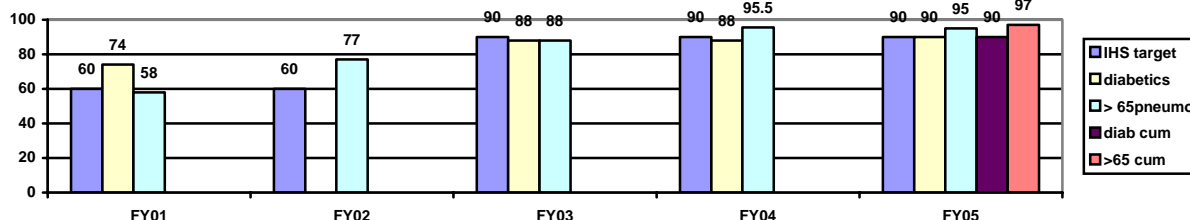
Maintain FY2005 pneumovax vaccination rates among non-institutionalized adults aged 65 years and older. I.H.S. 2004 performance 69%.

**Denominator** All Active Clinical patients age 65 and older at the beginning of the report period.

**Numerator** Counts number of patients with influenza vaccine documented any time in the year prior to the end of the report period (immunization code 33 Pneumo polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; POV V03.89, V06.6, V03.82; V Procedure 99.55; CPT 90669, 90732 or refusal immunization 33, 100, 109)

Pneumovax Immunizations up to date	FY2001	FY2002	FY2003	FY2004	FY2005 Cum	FY2005 Yr
% >65 years old immunized	58%	77%	91%	95.5%	97.2%	95
% diabetics	74%	88%	88%	88%	90%	90

### HPDP 2010 Goal



### Childhood Immunization

**Responsible:** Clinical Director, Nurse Executive, Community Health Director, Chief Executive Officer, Medical Staff, Nursing, Public Health Nursing, Quality Management (data quality)

During FY2005, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY2004. IHS performance 72%

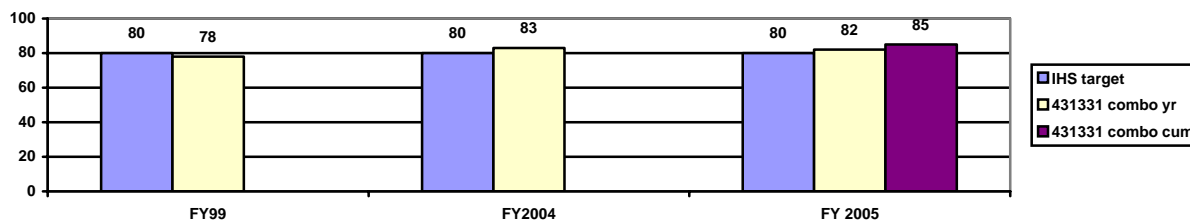
**Denominator** Active Clinical patients age s 19-35 months at end of current report period.

**Numerator** Counts number of patients who have received the 4:3:1:3:3 combination (i.e. 4 DtaP; 3 Polio; 1 MMR; 3HiB; 3 Hepatitis B; 1 dose Varicella) including refusals, contraindications, and evidence of disease. See GPRA information for codes.

	FY1999	FY2004	FY2005 cum	FY2005 Yr
4 3 1 3 3 1 combo in 19-35 mos	78%	83%	85%	82%

### HPDP 2010 Goal

#### Individual immunizations



	FY2004	FY2005 Yr
4 doses DtaP/contraindicated/refused	82	86
3 doses Polio/contraindicated/refused	93	95
1 dose MMR/contraindicated/refused	91	93
3 doses HIB/contraindicated/refused	91	92
3 doses Hep B/contraindicated/refused	91	95
1 dose Varicella/contraindicated/refused	87	88
all doses/contraindicated/refused	75	85

### Women's Health: Pap Smear Rates

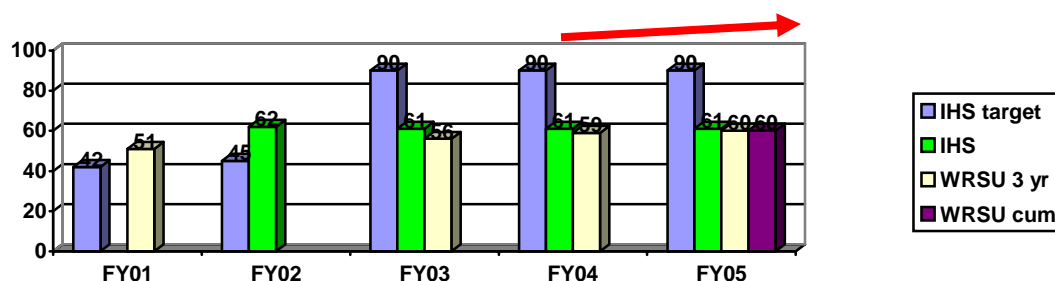
**Responsible:** Clinical Director, Medical Staff

Maintain the proportion of women who receive pap screening within the previous three years. I.H.S. 2004 performance 58%.

**Denominator:** All female Active Clinical patients ages 21 through 64 at the beginning of the report period without a documented history of hysterectomy.

**Numerator:** Pap smear documented any time in the 3 years prior to the end of the report period. Hysterectomy defined as V Procedure 68.3, 68.7, 68.9, or CPT 58550-54, 58150-58294. Pap smear definitions: V Lab: Pap Smear; POV V76.2-Screen Mal Neop-Cervix; V72.3- Gynecologic examination, V Procedure 91.46; V CPY 88141-88167; Women's Health Procedure called Pap Smear; LOINC taxonomy; site defined taxonomy BGP GPRA PAP Smear; Refusal Exam 15 (pelvic) or Lab Test Pap Smear.

	FY2000	FY2003	FY2004	FY2005 cum	FY2005 Yr
Pap screening					
# women 21-64	2790	3002	3112	3180	3327
# w/Pap documented in past 3 yrs	51%	56%	59%	60%	60%
% refusals	0%	0%	0.1%	0.6%	0.5%

**% Patients with Pap screening documented in past 3 years****Women's Health: Mammogram Rates**

Maintain the proportion of eligible women who receive screening mammography within past 2 years at FY2004 rate.  
I.H.S. 2004 performance 40%

**Denominator:** All female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy.

**Numerator:** Mammogram documented any time in the 2 years prior to the end of the report period, including refusals.

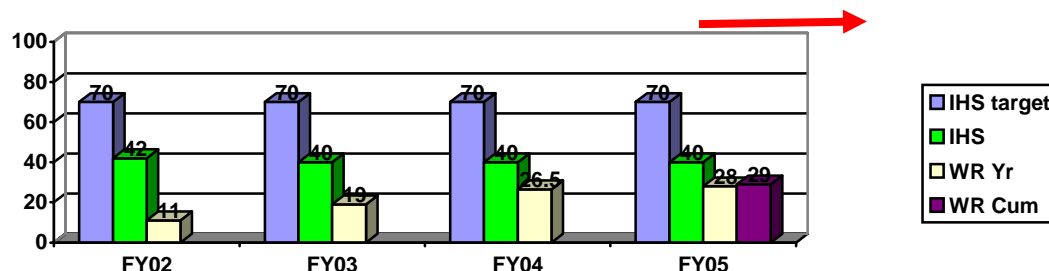
Bilateral mastectomy defined as ICD operation codes 85.42; 85.44; 85.46; 85.48;

V CPT 19180.50 or 19180 with modifier 09950, 19220.50 or 19220 with modifier 09950; 19240.50 or 19240 with modifier 09950.

Unilateral mastectomy defined as must have 2 separate occurrences for either CPT or procedures codes on 2 different dates of service. VCPT 19180, 19200, 19220, 19240, or ICD operation codes 85.41, 85.43, 85.45, 85.47.

Screening mammogram definitions: V Radiology or V PCT 76090 mammogram; unilateral; 76091 mammogram; bilateral 76092 mammogram, screening; G0206 diagnostic mammography, unilateral, G0204 diagnostic mammography, bilateral; G0202 screening mammography, bilateral; POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; V procedure 87.37 other mammography; 87.36 xerography of breast; 87.35 soft tissue x-ray of thorax, contrast radiogram of mammary ducts; women's health: Screening Mammogram. Mammogram DX Bilat. Mammogram DX unilateral. Refusal (in past year) V Radiology mammogram for CPT 76090, 76091, 76092, G0206, G0204, G0202.

Mammogram screening	FY2001	FY2002	FY2003	FY2004	FY2005 cum	FY2005 Yr
# w/mammogram documented in past 2 years	11%		19%	26.5%	29%	28%
% refusals		0	0	2.4%	7%	0%
HPDP 2010 Goal						70%

**% Patients with Mammogram screening documented in past 2 years****Colorectal Cancer Screening**

**Responsible: Clinical Director, Medical Staff,**

**Proposed, for FY2006, establish the baseline screening rate for colorectal cancer.**

**Denominator:** All Active Clinical patients ages 51-80 without a history of colorectal cancer.

**Numerator:** Patients with any of the following: a fecal occult blood test or rectal exam in the 2 years prior to the end of the report period; flexible sigmoidoscopy or double contract barium enema in the past 5 years; colonoscopy in the last 10 years; recorded refusal of a rectal in the previous year.

**Numerator 1A:** Patients with a fecal occult blood test in the 2 years prior to report period.

**Numerator 1B:** Patients with a rectal exam in past 2 years.

Screening defined as 1) Fecal Occult Blood lab test (FOBT) CPT 82270, 82274, G0107, LOINC taxonomy, or site defined taxonomy. 2) Rectal screening: V76.41, V Procedure 48.24-29, 89.34 rectal exam, V Exam 14. 3) Flexible sigmoidoscopy (V procedure 45.22, 45.24, 45.42, CPT 45330-45345), 4) Rigid proctosigmoidoscopy (V Procedure 48.21-24, CPT 45300-45327); 5)

Double contrast barium enema (Procedure 87.64 (lower GI), CPT or Vrad: 74270-74280, 6) Colonoscopy (V76.51 colon screening, V Procedure 45.21, 45.23, 45.25, CPT 44388-44394, 45355-45387, 45325 (old)						
Colorectal Screening	FY2001	FY2002	FY2003	FY2004	FY2005 cum	FY2005 Yr
% with colorectal screening	7%	11%	15%	5.3%		5%
% w/FOB test in past 2 years	0.1	0.1	0.8			1.5
% w/rectal exam in past 2 years	3%	8%	8%			%
Refusals				11.0%		11%

### Alcohol Screening (FAS Prevention)

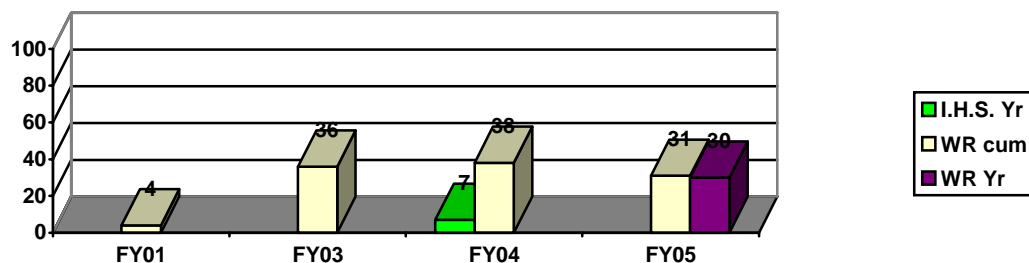
**Responsible: Clinical Director, Nurse Executive, Community Health Director, Medical Staff, OB Supervisor, Social Services**

During FY2005 increase the screening rate for alcohol use in women of child bearing age over the FY2004 rate. I.H.S. 2004 performance 7.0%.

**Denominator:** All female Active Clinical patients ages 15-44.

**Numerator:** Patients who receive any alcohol screen in the year prior to the end of the report period. Screening is defined as at least one of the following: Any alcohol health factor; screening diagnosis V11.3 (history of alcoholism), V79.1 (screening for alcoholism) Diagnosis (POV, current PCC or BHS problem list); 303.\*, 305.00\*, 291.\*, 357.5\*; BHS diagnoses 10, 27, 29. Patient education codes containing "CD", "AOD-". Or "-AOD".

**% Patients with alcohol screening in past year**



### Domestic Violence Screen

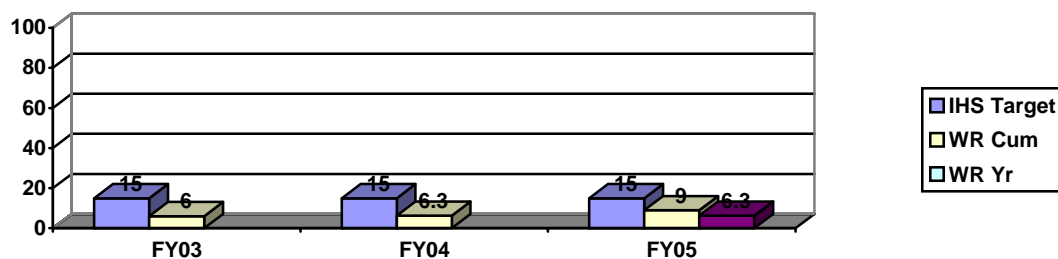
**Responsible: Community Health Director, Clinical Director, Social Services, Medical Staff**

During FY2005 maintain the screening rate for domestic violence in females ages 15-40 at the FY2004 rate. I.H.S. 2004 performance at 4%.

**Denominator:** All female Active Clinical patients ages 16-24.

**Numerator:** Patients screened for domestic violence in the prior year. Exam code 34; Diagnosis (POV or current PCC or BHS Problem List) 995.80, 995.81, V15.41, V15.42, V15.49, BHS diagnoses 43.\*, 44.\* C1) Patient Education codes containing "DV—"; C2 IPV/DV counseling, V61.11

**% Patients with domestic violence screening in past year**



### Depression/Anxiety Screen

**Responsible: Community Health Director, Clinical Director, Social Services, Medical Staff**

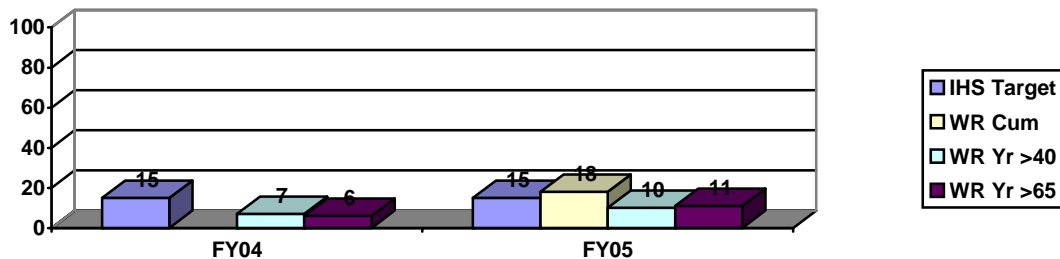
Increase the proportion of at risk patients who are screened for depressive, anxiety and or adjustment disorders. No stated target.

**Denominator:** All Active Clinical patients ages 40 and older.

**Numerator:** Patients screened /counseled/diagnosed with depression or anxiety disorders at any time during the Report period. A. Patients screened for or counseled about depression during the report period. B. Patients with a diagnosis of depressive, anxiety, and/or adjustment disorders during the report period. Diabetes dx defined as POV 250.00-250.93; ischemic

heart disease dx defined as POV 410.0-412.\*, 414.0-414.9, 428.\*, 429.2. Screening and counseling are defined as POV V79.0 or BHS problem code 14.1 (screening for depression); or as any national patient education codes containing "DEP-" (depression). "BH-" (behavioral and social health), "GAD-" (generalized anxiety disorder), "SB-" (suicidal behavior) or "PDEP\_" (postpartum depression). Depressive, anxiety and/or adjustment disorders diagnoses are defined as at least 2 visits in PCC or BHS with POVB 296.\*, 300.\*, 301.13, 308.3, 309.\* 311.\* or BHS POV 14, 15, 18, 24 during the report period.

### **% Patients with depression/anxiety screening in past year**



### **Prenatal HIV Testing and Education**

**Responsible: Clinical Director, Nurse Executive, Medical Staff, Nursing, OB, OPD**

*Establish a baseline rate for prenatal HIV screening.*

**Denominator:** All pregnant patients with NO recorded HIV diagnosis ever *and no documented miscarriage or abortion.*

**Numerator:** Patients who received counseling and/or patient education about HIV in the past 20 months. GPRA Numerator: Patients who received HIV testing during the past 20 months, including refusals in the past 20 months. A. Number of documented refusals in past 20 months. Pregnancy is defined as at least 2 visits with POV diagnosis (V22.0-V23.9, 640.\*-648.\*, 651.\*-676.\*) during past 20 months, with one diagnosis occurring during the report period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the report period but whose initial diagnosis (nad HIV test) were documented prior to the report period. Miscarriage definition: 1. POV 630, 6341, 6342, 633\*, 634\*; 2> CPT 59812, 59820, 59821, 59830. Abortion definition 1. POV 635\*, 636\*, 637\*; 2. 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857. Pregnant patients with any HIV diagnosis ever are excluded defined as POV or Problem list codes 042.0-044.9, V08, or 795.71. HIV counseling V65.44 or patient education codes containing "HIV\_" or containing HIV diagnosis 042.0-044.9, V08, 795.71) HIV test; CPT 86689, 86701-86703, 87390, LOINC taxonomy; site defined taxonomy BGP GPRA HIV Tests) or refusal lab test HIV in the past 20 months.

	FY01	FY02	FY03	FY04	FY05 cum	FY05 Yr
% Prenatal HIV testing & education	79%		84%	91%	96%	95%
% w/HIV education				2		3
% w/HIV test (GPRA)				94%	96%	97%
% refusal	0		0	0	0%	0%

### **Obesity Assessment**

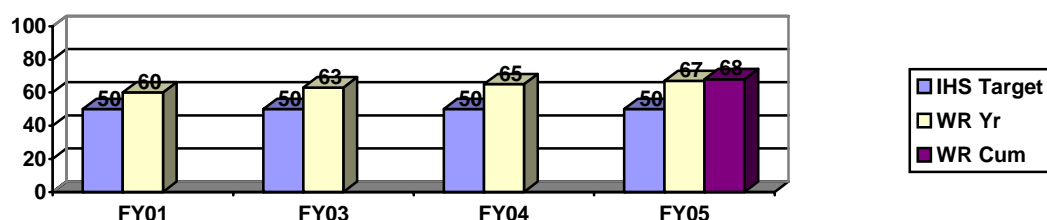
**Responsible: Community Health Director, Clinical Director, Director Professional Services, Medical Staff, Nursing, Dietary**

*During FY2005 each area will increase the number of patients for whom BMI data can be measured by 5%.*

**Denominator:** All Active Clinical patients age 2-74

**Numerator:** BMI calculated at time of GPRA+ run using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior. For 19 through 50, height and weight must be recorded within the past 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be on the same day. Overweight but not obese is defined as BMI of 25-29 adults 19 and older. Obese is defined as 30 or more for adults 19 and older.

### **% Patients with BMI calculated**



## Tobacco Use and Exposure Assessment

**Responsible:** Clinical Director, Nurse Executive, Medical Staff, Nursing

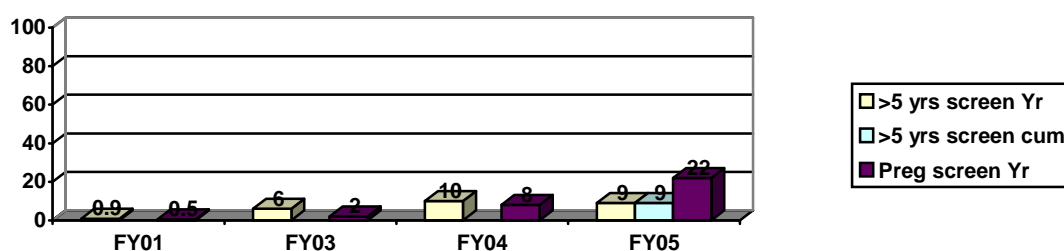
During FY2005 maintain rates established in 2004. I.H.S. 2004 performance 27%

**Denominator:** All Active Clinical patients age 5 and older.

**Numerator:** Patients who have been screened for tobacco use during the report period. Patients identified as current tobacco users in prior year, both smokers and smokeless.

Pregnancy: 2 visits with POV or problem diagnosis V22.0-V23.9, 640.\*-648.\*, 651\*-676\* during the past 20 months, with one diagnosis occurring during the report period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months. An additional 8 months is included for patients who were pregnant during the report period but had their tobacco assessment prior to that. Miscarriage definition: POV 630, 631, 632, 633\*, 634\* CPT 59812, 59820, 59821, 59830. Abortion definition POV 635\*, 636\*, 637\* CPT 59840, 59850, 59851, 59852, 59855, 59856, 59857. Tobacco screening: any health factor for category Tobacco in past year; tobacco related diagnoses (POV or current active problem list) 305.1\*, V15.82; Dental code 1320; patient education code containing "TO\_\_" or "\_\_TO" or "-SHS". Tobacco users or smokers defined as: Health Factors: Current smoker, current smokeless, current smoker and smokeless; DX codes 305.1\* or V15.82; dental code 1320; ETS defined as Health Factor smoker in home or exposure to environmental tobacco smoke

% Patients with Tobacco screening and tobacco users



## Cardiovascular Disease Prevention: Cholesterol Screening

**Responsible:** Clinical Director, Nurse Executive, Medical Staff, Nursing

Establish a baseline rate for cholesterol screening.

**Denominator:** 1) Patients age 23-70 by gender.

**Numerator:** Any Patient with documented cholesterol screening any time during past 5 years, regardless of results. Cholesterol defined as LOINC taxonomies, and site defined taxonomies for cholesterol and lipid profile, POV V77.91, CPTs 80061, 82465.

	FY2001	FY02	FY03	FY04	FY05
% Cholesterol screening	30%		43%	43%	45%

## Public Health Nursing

**Responsible:** Community Health Director, Public Health Nursing

During FY 2005 maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to neonates, infants, elders in settings and the total number of home visits at the FY2004 workload levels.

**Denominator:** All GPRA user population patients.

**Numerator:** 1) Patients served by PHNs in any setting, including home; 2) patients served by PHN driver/interpreter in any setting including home setting. PHN visit is defined as any visit with primary or secondary provider code code 13 or 91. Home visit defined as 1.) clinic 11 and a primary or secondary provider code 13 or 91 or 2.) location home as defined in site parameters and a primary or secondary provider code 13 or 91.

Public Health Nursing	FY2001	FY2004	FY2005 cum	FY2005 Yr
# of PHN visits any setting	5403	12343	12573	9600

